HIV negative certification and sexual health issues facing performers in the adult entertainment industry in the UK

The production of adult entertainment videos in the United Kingdom has increased in the past 2 years. In July 2000 the British Board of Film Classification introduced changes to the "Restricted 18" ("R18") classification of videos, legalising the sale of videos featuring explicit images of real sex to people over the age of 18 in registered sex shops licensed by local councils. Changes to the "R18" classification were introduced in response to the incorporation of the Human Rights Act into the British legal system, making freedom of expression part of British law. There are currently around 90 licensed sex shops in Britain, and in the first half of this year the British Board of Film Classification has already classified 485 "R18" videos, compared to a total of 651 videos in 2001.[1]

The majority of adult entertainment videos are produced showing images of real unprotected sex without condoms,[2] and concerns that these videos may give some viewers an impression that sex without condoms is safe has prompted a recent initiative by the British Board of Film Classification to introduce safer sex health messages as a standard on all "R18" videos. This initiative is supported by the Department of Health, the Public Laboratory Service, and the Terrence Higgins Trust. The British Board of Film Classification has indicated a willingness to collaborate with the major distributors of "R18" videos in Britain in the production of a safer sex message. It is notable that such safer sex messages already exist in some adult videos produced in the United States.

Central to the health and safety issues for performers of adult entertainment videos is the regulation of HIV negative certification. In the United States, where the estimated yearly income from pornography in 1997 was $2.5 billion,[3] the adult entertainment industry responded to the HIV outbreak in the 1980s by introducing regular compulsory HIV antibody testing of performers involved in the production of images showing real unprotected sex. In 1998 former performers set up a clinical service, AIM Health Care Foundation, in collaboration with medical experts providing sexual health care and information specifically aimed at performers in the adult entertainment industry. AIM Health Care Foundation provides HIV testing and certification, STI testing and treatment, and provides free condoms, lubrication, and offers information and counselling. AIM Health Care Foundation serves 400 clients per month and runs an effective monitoring and partner notification system using a PCR/DNA test showing negative HIV status within the past 28 days. AIM Health Care Foundation also holds a HIV database that allows producers to confirm that the performers comply with this testing programme, which has succeeded in controlling the spread of HIV in the adult entertainment industry. AIM Health Care Foundation recommends regular STI screenings to all their clients. It estimates that in Los Angeles, where the majority of the adult entertainment industry in the United States is based, the prevalence of *Chlamydia trachomatis* genital infection is 10% higher than the national average.[4] By providing health care and information, AIM Health Care Foundation has contributed towards the development of a more coherent and accountable infrastructure in the adult entertainment industry in the United States.

Although the recent legal changes to the "R18" category have contributed to the growth of the adult entertainment industry in the United Kingdom, the industry still lacks a coherent infrastructure. Production budgets are low and there are no working contracts for performers. The result is that earnings and average employment periods for performers in the United Kingdom are lower compared with the United States. The lack of infrastructure in the adult entertainment industry in the United Kingdom is reflected in the poorly developed health and safety measures for performers. Previous research by one of us has found that, in contrast with the United States, where the industry standard requires performers to have a new HIV test every 30 days and to present their certificate on every job they are hired to do, the majority of performers in the United Kingdom have an HIV test no more than every 3 months, and very few performers have regular STI screenings.[5] This work has also highlighted the discrepancies between the NHS sexual health clinics in their practices of issuing HIV certificates, and show that most performers in the United Kingdom prefer to use private clinics for this service. This also raises the governance issue of the need to ensure accuracy of identification in issuing these certificates in order to avoid any fraudulent HIV negative certificates.

We have now developed a collaborative project, based on the original research by LG into the health issues in the adult entertainment industry. The HIV/GUM Directorate of the Chelsea and Westminster Hospital are conducting a pilot survey of the detailed sexual health of adult performers in order to define their risk of sexually transmitted infections in work and private lives, as well as assessing their awareness of sexual health issues. Clearly the availability of condoms and HIV negative certification is an important issue for the strategic planning of sexual health services which data from our survey should inform.

Contributors

LG conducted the original research and wrote this letter and SEB is primary investigator.

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References

1 **British Board of Film Classification**, www.bbfc.co.uk/website/statistics.nsf. 20 June 2002.
2 **AIM Health Care Foundation:** as a main distributor of free condoms to the adult entertainment industry, AIM Health Care Foundation estimates that 18% of the heterosexual adult films produced in the USA feature performers wearing condoms. Research conducted by LG suggests that this figure is lower in British and in Europe July 2001. AIM Health Care Foundation, estimates that 18% of heterosexual adult films in the USA are today produced with the use of condoms. http://aim-med.org. July 2001. Research conducted by LC suggests that this figure is lower in the UK and in Europe. Gabrielsen Lisa. *Risk of consent.* MA Dissertation, University of London, 2001.
3 **Skee M**, 1997 as cited by J A Thomas In: Weitzer R, ed. *Sex for sale. Prostitution, pornography, and the sex industry.* London: Routledge, 2000:49.
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BOOK REVIEWS

ABC of AIDS. 5th ed.

Ed M W Adler. Pp 128; £17.95. London: BMJ Books, 2001. ISBN 0 7279 1503 7.

Writing a good textbook on HIV infection is very difficult. Large textbooks that attempt to be comprehensive face the problem that, in what is now such a vast and still rapidly moving field, they are out of date by the time they are published. Smaller textbooks on the other hand have to decide what to leave out. This book is clearly aimed as an introduction to the subject for people without much experience of HIV. Although not attempting in any way to be comprehensive, it is often remarkably detailed despite its brevity. I think that it is much the best of the available short textbooks for a general readership. It is (relatively) cheap and unlike other books, as it is so concise is likely to be read by those who buy it.

The best chapter is also the longest, on "Treatment of infections and antiviral therapy" (what else is there left?), which forms the core of the book. There are also two very readable chapters written by patients. If read together these three chapters make clear the profound changes that combination antiretroviral therapy has produced since 1996, in a way that some other chapters curiously do not. The chapter on gastrointestinal manifestations, for example, has not been revised significantly in this edition to reflect the impact of HAART.

The book has some shortcomings. There is little mention of the issue of late presentation of disease, which is a particular problem in the United Kingdom especially among those with heterosexually acquired infection; the sections on counselling and epidemiology fail to reflect this. The massive problem of co-infection with hepatitis C is touched on only briefly in two chapters. There is no separate section on women with HIV infection (although mother to child transmission is well covered in the paediatric section). While the colour illustrations are generally excellent, the reproductions of chest *x* rays are not so good, and the same mangled slide of a patient with pulmonary lymphoma found in earlier editions of the book is reproduced unchanged in this one. Finally, post-exposure prophylaxis is poorly dealt with, which is a shame as this is a topic likely to be of major interest to the general reader who has just pricked his or her finger with a bloodstained needle.

However, despite these qualifications, this really is a very good book. I hope the sixth edition is even better.

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